

**City of San Bruno
Credit Card Authorization Payment Form**



I authorize the City of San Bruno to my MasterCard or Visa account as indicated below:

☐ Business Tax Certificate – specified amount: _____

☐ Permit Fees – specified amount: _____

Customer/ Business Name

Address

Phone Number

Cardholder Name

Cardholder Billing Address

City

State

Zip

Credit Card Account #

Expiration Date (month/year)

Cardholder Signature

Date

Cardholder daytime phone number

Please return completed and signed authorization form to:

Fax: (650) 876-0256

Or by mail:

San Bruno Finance Department

567 El Camino Real

San Bruno, CA 94066

Phone: (650) 616-7083